

Organized Home Care Programs

Sick persons have been cared for at home from time immemorial. Care usually has been limited to physicians' services and, when it has been available, to nursing care. Rarely has it included the full range of services and the special supplies and equipment so often necessary to meet the total needs of patients.

The current concept of a home care program is one in which selected patients are provided with a full range of services in their homes. These services are planned for and coordinated through one administrative agency or institution.

Comprehensive services to patients at home include:

Physician's services	Housekeeping services
Medical specialist consultation	Laboratory examinations
Nursing service	X-rays
Social service	Drugs and medical supplies
Physical therapy	Prosthetic appliances
Occupational therapy	Hospital and sickroom equipment
Speech therapy	Transportation
Nutrition consultation	

During the past two decades, organized home care programs have been established to make available a range of services to patients at home and to provide a field work experience in a home setting for professional personnel. Comparable information on these programs has been lacking. To meet the need for such information, the Public Health Service and the Commission on Chronic Illness undertook a joint study of 11 home care programs, selected to represent various auspices, different administrative patterns, and broad geographic distribution.

For the purposes of the study, organized home care programs were defined as those having centralized responsibility for the administration and coordination of services to patients and providing at least the minimum of medical, nursing, and social services, and essential drugs



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The accompanying summary covers the principal findings presented in Public Health Monograph No. 35, published concurrently with this issue of Public Health Reports. The study upon which the report is based was a joint project of the Public Health Service and the Commission on Chronic Illness.

The study was conducted and the monograph was prepared by a study staff from the Public Health Service. The director is a physician on the staff of the Division of Public Health Methods. The nursing, medical, social, and statistical consultants on the study staff were in the Chronic Disease Program, Division of Special Health Services. They have since been assigned to other units of the Public Health Service.

Readers wishing the data in full may purchase copies of the monograph from the Superintendent of Documents, Government Printing Office, Washington 25, D. C. A limited number of free copies are available to official agencies and others directly concerned on specific request to the Public Inquiries Branch of the Public Health Service. Copies will be found also in the libraries of professional schools and of major universities and in selected public libraries.

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Waterhouse, Alice M., Bailey, Eleanor C., Gillis, Mary C., and Palmer, Jeanne T.: A study of selected home care programs. Public Health Monograph No. 35 (Public Health Service Publication No. 447). 128 pages. U. S. Government Printing Office, Washington, D. C., 1955. Price 65 cents.

and supplies. Part I of the monograph summarizes the findings, presents conclusions, and suggests guidelines for the establishment of home care programs.

Programs in the study show that they range in size from an annual patient load of less than 100 up to several thousand. Patients of all ages with virtually all types and severity of illness are given care at home. Some programs serve patients with either acute or chronic illness; others provide care to patients with chronic illness only; one serves exclusively patients with tuberculosis. All of the programs make available medical, nursing, and social services; drugs and medical supplies; X-rays and laboratory tests; hospital equipment and sickroom supplies; and transportation. The availability of the other services listed above varied. In all programs, patients could be hospitalized without delay when the need arose.

Of the programs studied, the eight based in hospitals and health departments are administered by physicians. Social workers administer the two programs that are under the auspices of social agencies; and the program sponsored by a nursing agency is administered by a public health nurse.

Wide variation was found in the extent to which the central administrative agency itself provides services or assumes responsibility for arranging for services through other community agencies. In some programs, the major portion of the services are supplied by a home care staff, while in others, services are

provided through community agencies, with the home care staff functioning primarily as the coordinating agent.

Indigent and medically indigent patients only are eligible for services in 10 of the programs. The one exception offers service to patients regardless of financial status through their private physicians, although patients are charged according to their ability to pay.

It was impossible to obtain comparative data on costs of the programs since the items included in the home care budgets varied greatly from one program to another. Moreover, no records were kept of the costs borne by the family or of expenditures by the community for services provided without charge.

A number of the programs are used to provide educational fieldwork experience for graduate and undergraduate medical students, professional and practical nurse students, and graduate students in social work. Teaching methods are still experimental in the home setting and show wide variation in the programs studied.

Part II of the monograph describes each program studied with regard to its origin and development, objectives, organization, administration and operation, and use of home care in professional education. It gives cost and statistical data on types of patients and services.

The appendix presents the types of information collected in the schedules used for the study.

